

PICK-UP PLAYER FORM



Amateur Softball Association of America

2801 N.E. 50th Street • Oklahoma City, OK 73111
(405) 424-5266 • (405) 424-3855 • www.softball.org

Team Name

Division or Classification of Championship Play

(men or women; boys or girls; slow, fast, 16 inch or modified pitch; age or divisions group)

| Print or Type Player's Name | Player's Signature | Bonafide Residence Address | Birth Date | Parent's/Guardian's Signature | Relationship | From which team was player picked up? |
|-----------------------------|--------------------|----------------------------|------------|-------------------------------|--------------|---------------------------------------|
| | | | | MINORS ONLY | | |
| | | | | MINORS ONLY | | |
| | | | | MINORS ONLY | | |

This certifies that the above listed players meet the requirements of the Amateur Softball Association Code as outlined in Article 203.

Manager's Signature

Manager's Name (Print or Type)

Manager's Address (Print or Type)

State/Metro Commissioner's Signature

Deputy/District Commissioner's Signature

State/Metro Association

ASA Region Number

PARENT/GUARDIAN AFFIDAVIT

IF PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

NOTE: For Junior Olympic divisions, verification of birth date for each player must be attached (i.e. birth certificate, baptismal certificate, hospital certificate may be used). Legible photocopies will be accepted.

I, parent or guardian of the above named player, in consideration of permitting said player to participate in the championship play of the ASA, do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the ASA, it's state/metro associations, it's sponsors, their agents or representatives, for any and all injuries or losses sustained arising out of any injuries or losses suffered by said player while competing in or in connection with the championship play of ASA, and hereby contract and agree to hold ASA harmless and to indemnify it from and on account of any damage suffered or sustained by ASA by reason of said player being injured.

I also hereby give permission to the team manager, indicated on this page, to obtain medical treatment for the minor player, which I am either parent or guardian, in the event I am not available and medical treatment is required.

I also hereby give permission to the ASA and it's state/metro associations to use, in any and all publications that they may desire, all pictures taken of minor players in their publicizing the game of softball. I hereby subscribe my name in the column for signature and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

Instructions: Complete all the above information and attach to your team roster. Mail the white copy to the tournament director and reserve the yellow copy for your state/metro commissioner and the pink copy for your records. If necessary, you may hand carry this form along with your team roster to the tournament and present to the tournament director upon arrival. No pick-up players will be allowed to participate if this form is not presented with our team roster to the tournament director for inspection.

Distribution Key: White copy - Tournament Director; Yellow copy - State/Metro Commissioner; Pink copy - Team Manager

Revised: 3/04